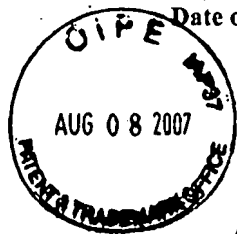


8-13-07

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Date of Deposit: August 8, 2007



Attorney Docket No. 18242-508CIP2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Chapman *et al.*  
SERIAL NUMBER: 10/055,143 EXAMINER : Snyder, Stuart  
FILING DATE: January 22, 2002 ART UNIT : 1648  
FOR: METHOD FOR PURIFYING A BIOLOGICAL COMPOSITION

Mail Stop Petition  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

**Request to Withdraw Petition To Revive Unintentionally Abandoned Application/  
Petition for Express Abandonment**

Applicants request withdrawal of the petition to revive for unintentional delay the above-identified application, which was submitted on April 4, 2007. In the alternative, if the petition submitted April 4, 2007 has been granted and the application is pending, Applicants request express abandonment of the application under 37 CFR 1.138.

Please charge any fees that may be due, or credit any overpayment of same, to Deposit Account No. 50-0311, Reference No. 18242-508CIP2.

09/14/2007 CKHLOK  
09/14/2007 09/14/2007 00000004 10055143  
01 7041453 -1500.00 DP

09/14/2007 CKHLOK  
09/14/2007 09/14/2007 00000004 10055143  
02 5041401 -500.00 DP

09/14/2007 CKHLOK  
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03 5041401 -1020.00 DP

09/14/2007 CKHLOK 0008273700  
09/14/2007 09/14/2007 00000004 10055143  
04 5041401 \$1020.00 CR

Dated: August 8, 2007

09/14/2007 CKHLOK 0008252000  
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05 5041401 \$1500.00 CR

09/14/2007 CKHLOK 0008255600  
09/14/2007 09/14/2007 00000004 10055143  
06 5041401 \$500.00 CR

Respectfully submitted,

Ivor R. Elmi, Reg. No. 39,529  
David E. Johnson, Reg. No. 41,874  
Attorney for Applicants  
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Customer No. 30623

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>9-13-07</u>		2 Serial/Patent # <u>10/055143</u>		
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
Filing			\$	
Amendment			\$	
Extension of Time		4-4-07	\$ <u>1020</u>	
Notice of Appeal/Appeal		4-4-07	\$ <u>500</u>	
Petition		4-4-07	\$ <u>1500</u>	
Issue			\$	
Cert of Correction/Terminal Disc.			\$	
Maintenance			\$	
Assignment			\$	
Other			\$	
		7 TOTAL AMOUNT OF REFUND		\$ <u>3020</u>
8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check		
Overpayment		Credit Deposit A/C #:		
Duplicate Payment		9 <u>50--0311</u>		
No Fee Due (Explanation):				
Applicant's request.				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Karen Creasy</u>		TITLE: <u>Petitions Examiner</u>		
SIGNATURE: <u>[Signature]</u>		PHONE: <u>2-3208</u>		
OFFICE: <u>Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>[Signature]</u>		DATE: <u>9/14/07</u>		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*